

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

9197

2680

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town, St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 21 days  
(Specify whether  
In this community. 50 years  
years, months or days)

3. (a) PRINT FULL NAME Joseph Cowan

3. (b) If veteran, names war ----- 3. (c) Social Security No. -----

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years  
7. Birth date of deceased May 1, 1869  
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 19 If less than one day  
hr. min.

9. Birthplace New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business -----

MOTHER FATHER { 12. Name John Cowan  
13. Birthplace Scotland  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine Collins  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Cowan  
(b) Address 1925 S. 10th St.

17. (a) Burial (b) Date thereof 3/23/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Wacker-Weldert  
(b) Address 2331 S. Broadway

19. (a) MAR 22 1940  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 13  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1925 S. 10th St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 20  
year 1940 hour 9 minutes 15 p. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis  
with Cavitation. Fracture  
of left Radius and ulna.  
Due to \_\_\_\_\_

Due to tripped over metal screen

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence Unknown  
(c) Where did injury occur? City Hosp #1  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place  
While at work? No (Specify type of place)  
(e) Means of injury fall

23. Signature John Cowan (M. D. or other)  
Address 1925 S. 10th St. Date signed 3-22-40

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Frank J. Volland Jr.*

Licensed Embalmer No.....

*2645*

P. O. Address.....

*St Louis Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**